| | PATER | IT APPLI | TOWING | no persoas ere rec ON FEE DET situse for Form P | CKMINATIC | ON RECORD | | Acok | 1065 | 748 |
|---|----------------|--|--|---|---|---------------------------------|---------------------------------------|----------------|-------------------------------|----------------------------|
| APPL | | | ICATION AS FILED - | | l Column 2) | SMALL | SMALL ENTITY | | OTHER THAN SMALL ENTITY | |
| | ÓR . | NUM | BERFLE | D KUN | ABER EXTRA | RATE (S) | FEE (1) | 1 | RATE (I) | FEE (1) |
| Basic Fee 07 CFR 1 10 | Kel [a a k] | T | NVA | | NIA | N/A | 150.00 | 1 | N/A | 300.00 |
| BEARCHFI | EE (1.00 (01) | 1 | NA | | HIA . | N/A . | \$250 | 1 | · N/A | \$600 |
| EXAMINATION FEE . | | 1 | N/A . | | N/A | N/A | \$100 | 1 | · NA | \$200 |
| DIAL CLA | LIMS | 1 | minus 20 = | | | X1 25 . | | 1 | X\$50 . | 14400 |
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| MULTIPLE DEPENDENT CLAIM I | | | | | | +160= | | | +360+ | |
| fi the dilec | ence in colum | in 1 is less th | ėú šelo∙∢ | enter T in column | n 2. | TOTAL | | , ; | TOTAL . | |
| Today Care of a | Ob and | Column 1) CIAIMS EMAINING APTER IENDMENT | Minus | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 1): | SMALL E RATE (1) X\$ 25 X100 | ADDI TIONAL FEE (8) | OR OR OR | RATE (\$), X\$50 E X200 _ E | ADOI- TICHAL FEE DI |
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| <u></u> | ····· | : | | | : | TOTAL ADDL FEE | | OR C | TOTAL/ ADDY/FEE | 400 |
| | | olumn 1) | · ··· | - (Column 2) HIGHEST | (Column 3) | | · · · · · · · · · · · · · · · · · · · | • | | <i>:</i> |
| 8/29/ | 6 REI | MAINING AFTER. ENDMENT | • | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE (\$) | ADDI- TIONAL FEE (5) | | RATE (\$) | ADOI- TIONAL FEE(\$) |
| CO CON L | 68 (7) | 30 | Minus . | * 38 | ۰. | X\$ 25 _ | | OR . | X\$50 - | |
| (DF CFR 1.1 | HOTE . | 5 | Minus · | " | • | X100 - | | | X200 | |
| Applicati | ion Size Fee (| 37 CFR 1.16 | (8)) | | | | | Ţ | | |
| | | | ENT CLARK (STOFF | 1 | +180= | 1 1 | 1 | +360= | | |

If the eatily in column 1 is less than the eatily in column 2, write V in column 3.

If the Highest Number Provincity Paid For IN THIS SPACE is less than 3, enter 20.

If the Highest Number Provincity Paid For IN THIS SPACE is less than 3, enter 20.

The Highest Number Provincity Paid For (Total or independent) is like highest number bound in the appropriate box in column 1.

collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the TO to process) an application. Confidentially is governed by 35 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, sing gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments a semical of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Paterni Information Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS RESS. SEND TO: Commissioner for Paternis, P.O. Box 1460, Alexandria, VA 22313-1460.

TOTAL

ADDL FEE

OR

TOTAL

ADD'L FEE

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.